

**PROTECTION ORDER – DOMESTIC VIOLENCE
RETURN OF SERVICE**

Case No. _____
Dept. No. _____

_____,
(Name) **Applicant,**

VS.

_____,
(Name) **Adverse Party.**

IN THE JUSTICE COURT OF _____ TOWNSHIP
COUNTY OF _____, STATE OF NEVADA

OR

IN THE _____ JUDICIAL DISTRICT COURT
OF THE STATE OF NEVADA, IN AND FOR THE
COUNTY OF _____

TYPE OF ORDER SERVED

USE SEPARATE **RETURN OF SERVICE** FORM FOR PROTECTION ORDERS OTHER THAN DOMESTIC VIOLENCE

The Order shall be served by the constable OR by a deputy; OR by the sheriff of the county where the defendant is found, OR by a deputy, OR by any person who is not a party and who is over 18 years of age.

I HEREBY CERTIFY THAT ON _____ I RECEIVED:
(DATE)

☐ **Temporary Protection Order–Domestic Violence**

☐ **Extended Protection Order-Domestic Violence**

☐ **Motion/Notice for Hearing - Domestic Violence Protection Order**

☐ **Order for Hearing to Extend, Modify or Dissolve Domestic Violence-Protection Order**

☐ **Foreign Order** (describe in terms of State/County/City & Court Issued from):

☐ **Other (describe):** _____

I DECLARE UNDER PENALTY OF PERJURY THAT I:

☐ **PERSONALLY SERVED** the same upon the Adverse Party/Applicant _____,
(Name)
on _____ at _____, who identified himself/herself by or with: _____,
(Date) (Time) (Type of Identification)
at (location): _____,
City of _____, County of _____, State of Nevada.

NOTE TO LAW ENFORCEMENT: Protection Order must be served personally upon the Adverse Party and may not be left with a member of the household.

☐ **INFORMED THE ADVERSE PARTY** of the specific terms and conditions of the Order, and that a violation of the Order will result in his/her arrest; the location of the Court that issued the Order and the hours during which he/she may obtain a copy of the Order; and the date and time set for hearing.

☐ **ATTEMPTED TO SERVE** same on: _____, _____, and _____.
The Adverse Party/Applicant was not found and service was NOT effected.

SIGNATURE (Officer/Person Serving Order/ID Number)

Print Name (Officer/Person Serving Order)

Print Address (Officer/Person Serving Order)

SIGNATURE (Adverse Party/Witness, if applicable)

Print Name and Address (Adverse Party/Witness)